

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

CRAFT TEXTILE

27220136-outlets 1 & 2

1. MONTH OF OCTOBER 1, 2008 THRU OCTOBER 31, 2008
2. Is Outlet # (8 digit) Correct? ☒ Y ☐ N ☐ N/A
3. Is average Total flow-gal.day stated in space provided? ☒ Y ☐ N ☐ N/A
4. Is max. Total flow-gal day stated in space provided? ☒ Y ☐ N ☐ N/A
5. Is method used to calculate water stated? ☒ Y ☐ N ☐ N/A
6. Are number of working days stated? ☒ Y ☐ N ☐ N/A
7. Are there any parameters which have exceeded PVSC Local Limits? ☐ Y ☒ N ☐ N/A
8. Is proper compliance/non-compliance statement provided? ☒ Y ☐ N ☐ N/A
9. Have correct number of samples been submitted? ☒ Y ☐ N ☐ N/A
10. Has PHC result been listed on MR-1 report? ☐ Y ☐ N ☒ N/A
11. Has sample number been reported in space provided? ☒ Y ☐ N ☐ N/A
12. Have all regulated parameters been listed on MR-1? ☒ Y ☐ N ☐ N/A
13. Has sample type been stated on MR-1? ☒ Y ☐ N ☐ N/A
14. Have all samples been taken during this reporting period? ☒ Y ☐ N ☐ N/A
15. Has NJDEPE certified lab been used? ☒ Y ☐ N ☐ N/A
16. Have analytical results been submitted on copies of Laboratory stationery? ☒ Y ☐ N ☐ N/A
17. Have results been written in space designated on MR-1? ☒ Y ☐ N ☐ N/A
18. Is correct method used to preserve samples stated on MR-1? ☒ Y ☐ N ☐ N/A
19. Has MR-1 been signed by authorized representative? ☒ Y ☐ N ☐ N/A
20. Has information been submitted on proper MR-1 form? ☒ Y ☐ N ☐ N/A
21. Remove Arsenic from report if sampling not required ☐ Y ☐ N ☒ N/A

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

Craft Textile

27220136

First Reviewer: comments on deficiencies COMPLETEDate Reviewed 12/17/08 Date sent to user _____Date due back _____ Reviewer C.J.M.Second review comments on deficiencies

Date Reviewed _____ Date sent to user _____

Date due back _____ Reviewer _____

Date _____ Reviewer _____

PRETREATMENT MONITORING REPORT

NAME: Craft Textile Printing Co., Inc.
 MAILING ADDRESS: P.O. Box 2761, Paterson, NJ 07509-2761
 FACILITY LOCATION: 44 Beech Street, Paterson, NJ 07501
 Category & Subpart: 9999 OUTLET # 1
 Contact Official: H.R. Casparian Telephone # 973-278-3818
 New Customer ID/Outlet ID: 27220136-1 Old Outlet Designation: 27400061



MONITORING PERIOD

START	END
10/1/2008	10/31/2008
m/d/yr	m/d/yr

Regulated Flow(gal/day)
 Total Flow (gal/day)

Average Maximum
 N/A

20596 22656

Method Used:

Gallons in less 5% evap. divided by
 production days in month (13)

Production Rate: N/A

Parameter		Mass or Concentration			# of Samples	Sample Type
		Mon Avg	Maximum	Units		
Zinc	Sample Measurement	0.0296	✓	mg/l	1	Comp/Grab
	Permit Requirement	1.67	✓	mg/l		Comp
Copper	Sample Measurement	0.00593	✓	mg/l	1	Comp
	Permit Requirement	.092/3.02		mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
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	Permit Requirement					

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Certification of Non-Use if applicable (use additional sheets)

N/A

Compliance or non-compliance statement with compliance schedule for every parameter used:

< Local Limits: ZN , CU > Local Limits: N/A

< Threshold Values ZN , CU > Threshold Values: N/A

Craft Textile Printing Co., Inc., is in compliance with local limits.

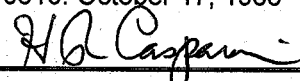
Explain "Method for preserving samples:

Refrigerator until end of pumping, then nitric acid as a preservative to a pH less than 2.

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988

Signature of Principal


executive or authorized agentH.R. Casparian-President

Name-Title

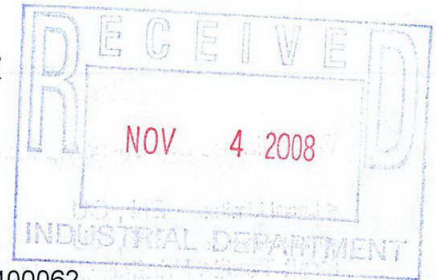
10/31/2008

Date

PVSC Form MR-1 Rev: 5 3/91 P2

PRETREATMENT MONITORING REPORT

NAME: Craft Textile Printing Co., Inc.
 MAILING ADDRESS: P.O. Box 2761, Paterson, NJ 07509-2761
 FACILITY LOCATION: 44 Beech Street, Paterson, NJ 07501
 Category & Subpart: 9999 OUTLET # 2
 Contact Official: H.R. Casparian Telephone # 973-278-3818
 New Customer ID/Outlet ID: 27220136-2 Old Outlet Designation: 27400062



MONITORING PERIOD

START	END
10/1/2008	10/31/2008
m/d/yr	m/d/yr

Average Maximum
 Regulated Flow(gal/day) N/A
 Total Flow (gal/day) 16653 18318

Method Used:

Gallons in less 5% evap. divided by
 production days in month (13)

Production Rate: N/A

Parameter		Mass or Concentration			# of Samples	Sample Type
		Mon Avg	Maximum	Units		
Zinc	Sample Measurement	0.0263		mg/l	1	Comp/Grab
	Permit Requirement	1.67		mg/l		Comp
Copper	Sample Measurement	0.00504		mg/l	1	Comp
	Permit Requirement	.092/3.02		mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
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	Permit Requirement					

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Certification of Non-Use if applicable (use additional sheets)
N/A

Compliance or non-compliance statement with compliance schedule for every parameter used:

< Local Limits:	ZN , CU	> Local Limits:	N/A
< Threshold Values	ZN , CU	> Threshold Values:	N/A

Craft Textile Printing Co., Inc., is in compliance with local limits.

Explain "Method for preserving samples:

Refrigerator until end of pumping, then nitric acid as a preservative to a pH less than 2.

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610. October 17, 1988

Signature of Principal


executive or authorized agent

H.R. Casparian-President

Name-Title

10/31/2008

Date

PVSC Form MR-1 Rev: 5 3/91 P2



284 Sheffield Street, Mountainside, NJ 07092 Phone: 908-789-8900 Fax: 908-789-8922

Report of Analysis

Client: Craft Textile Printing

Date Collected: 10/2/2008

Project: Permit Renewal 2008

Date Received: 10/3/2008

Client Sample ID: OUTLET-1

SDG No.: Z4817

Lab Sample ID: Z4817-01

Matrix: WATER

% Solids: 0.00

CAS No.	Analyte	Conc.	Qualifier	Units	DL	Dilution	Date Prep	Date Anal.	Method
7440-50-8	Copper	5.930	J	ug/L	2.400	1	10/6/2008	10/7/2008	EPA 200.7 ICP 4
7440-66-6	Zinc	29.6		ug/L	4.800	1	10/6/2008	10/7/2008	EPA 200.7 ICP 4

Comments:

U = Not Detected

DL = Method Detection Limit or Instrument Detection Limit

J = Estimated Value

B = Analyte Found In Associated Method Blank

N = Spiked sample recovery not within control limits

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284 Sheffield Street, Mountainside, NJ 07092 Phone: 908-789-8900 Fax: 908-789-8922

Report of Analysis

Client: Craft Textile Printing

Date Collected: 10/2/2008

Project: Permit Renewal 2008

Date Received: 10/3/2008

Client Sample ID: OUTLET-2

SDG No.: Z4817

Lab Sample ID: Z4817-02

Matrix: WATER

% Solids: 0.00

CAS No.	Analyte	Conc.	Qualifier	Units	DL	Dilution	Date Prep	Date Anal.	Method
7440-50-8	Copper	5.040	J	ug/L	2.400	1	10/6/2008	10/7/2008	EPA 200.7 ICP 4
7440-66-6	Zinc	26.3		ug/L	4.800	1	10/6/2008	10/7/2008	EPA 200.7 ICP 4

Comments:

U = Not Detected
DL = Method Detection Limit or Instrument Detection Limit

J = Estimated Value
B = Analyte Found In Associated Method Blank
N = Spiked sample recovery not within control limits 9

DROP DOWN BOX**NON USE CERTIFICATION MONITORING REPORT
LOCAL LIMITS**NAME: CRAFT TEXTILE

MAILING ADDRESS: _____

FACILITY LOCATION: _____

CATEGORY & SUBPART _____ PERMIT # _____ OUTLET #: 27220136-2

CONTACT OFFICIAL: _____ TELEPHONE #: _____

I have been authorized to certify non-use for the following heavy metals:

Arsenic _____	Lead _____	Zinc _____	SAMPLE DATE			
Cadmium _____	Mercury _____		MONTH	DAY	YEAR	
Chromium _____	Molybdenum _____		10	02	08	
Copper _____	Nickel _____					

PARAMETER		CONCENTRATION			SAMPLE TYPE
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	COMP/GRAB
COPPER	Sample Measurement	0.00504	Y	mg/l 1	Comp.
	Threshold Value	0.092			
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
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